

**FORM 2\***

**Disclosure of Owners, Investors, Managers and Controlling Parties**

<b>Part I: Ownership Structure</b>						
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.						
Name Douglas Guilbert	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? X Yes <input type="checkbox"/> No		
Address [REDACTED]	City No. Smithfield	State RI	ZIP 02896	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity) n/a		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]		
Name Mark Carpentier	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? X Yes <input type="checkbox"/> No		
Address [REDACTED]	City Cranston	State RI	ZIP 02920	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity) n/a		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]		
Name William A. Flanagan	Title Manager	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? X Yes <input type="checkbox"/> No		
Address [REDACTED]	City Fall River	State MA	ZIP 02720	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity) n/a		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]		
Name Jason Bates	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? X Yes <input type="checkbox"/> No		
Address [REDACTED]	City Worcester	State MA	ZIP 01606	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity) n/a		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	ZIP	Phone Number		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	ZIP	Phone Number		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		

**Rhode Island Department of Business Regulation**  
**Application for Medical Marijuana Cultivator License**

Address	City	State	ZIP	Phone Number (   )
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number (   )
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
None.			

\_\_\_\_\_  
Authorized Signatory

4/10/2017

\_\_\_\_\_  
Date

Douglas Guilbert  
\_\_\_\_\_  
Printed Name